PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

1.

		Eπectiv	ve Decem		\bigcirc	7/	1955	-52		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LL ENTITY	OR	OTHER	R THAN
FC	DR .	NUMB	ER FILED	NUMBER	EXTRA	RAT	E FEE	7	RATE	FEE
BASIC FEE				,	2		345.00	OR		690.00
TC	OTAL CLAIMS	3	minus	20= • 5		X\$ 9	=	OR	X\$18=	270
INDEPENDENT CLAIMS 5 minus 3 = * 2						X39	=	OR	X78=	156
М	JLTIPLE DEPEN	IDENT CLAIM F	PRESENT	+130	= .	OR	+260=			
* If	the difference	in column 1 is	less than z	TOTA	L	OR	TOTAL	1116		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMAI				OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9	=	OR	X\$18=	
AME	Independent FIRST PRESE	* NTATION OF M	Minus	*** PENDENT CLAIM	=	X39=	=	OR	X78=	
				ENDERN GERMA	<u></u>	+130	=	OR	+260=	
						TOT ADDIT. F		OR	TOTAL ADDIT. FEE	·
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9:	=	OR	X\$18=	
	Independent	*	Minus	PENDENT CLAIM	=	X39=	-	OR	X78=	
-	FIRST PRESE	NIATION OF M	OLTIPLE DE	PENDENT CLAIM	<u>'</u>	+130:	=	OR	+260=	
						TOT		OR	TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. F	EE 		ADDIT. FEE	-
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=	:	OR	X78=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM			 			
• 1	f the entry in colur	nn 1 is less than t	+130= TOT		OR	+260= TOTAL				
•••	If the "Highest Nur If the "Highest Nu	mber Previously P mber Previously P	aid For" IN THI Paid For" IN TH	S SPACE is less that IS SPACE is less that	an 20, enter "20." an 3, enter "3"	ADDIT. FI		OR	ADDIT. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/495552

Total Fee Calculation

-		10131 166	Calculation			
	Fee Code	Total # Claims	Number Extra X	_ Fe		_
	Sm./Lg.			Sm. Entity	Lg. Entity	Total
Basic Filips Fee	201/101				100	690
Total Claims >20	203/103	35 -20=	15 x		18 =	<u>270</u>
Independent Claims >3	202/102		2 x		70	15-7
Mult. Dep Claim Present	<u> 30⊀\10₹</u>					1)6
Surcharge .	205/105					173
	130				E	. <u>150</u>
TOTAL FEE CALCULA	. אסרד 					1246
Fees due upon filing th	e application:				••	
Total Filing Fees Due =	= · 2	1246.	00			
Less Filing Fees Submi	πed - \$	0				
BALANCE DUE	= \$	1246.	00			
Office of the lot	Dal				•	

FORM ODE-RAM-01 (Rev. 12/97)